SRS-2 Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

The SRS-2 (WPS, 2012) is a 65-item rating scale quantifying autism-related social impairment from age 2.5 through adulthood: four forms (Preschool, School-Age, Adult, Adult Self-Report), T scores (mean 50, SD 10) for a Total score, two DSM-5 compatible subscales, and five treatment subscales, on norms split by rater type and by age and gender of the person rated. The whole discipline in one line: dimensional, corroborating, never diagnostic on its own, and the specificity sentence is not optional.

1 – Measures, forms, raters, norms which edition, whose ratings?
Do: name SRS-2, the form per rater, each rater's relationship and setting, dates, and the norm reference.
Pitfall: "an SRS" alone; the SRS-3 published in 2026 with new norms, so an unnamed edition is uninterpretable.

2 – Rating quality no validity indexes to lean on
Do: state completeness, each rater's opportunity to observe, and anything that could color the ratings.
Pitfall: treating informant ratings as objective measurement; they are observations from a vantage point.

3 – Total score first the primary index
Do: report each rater's Total T with its severity descriptor in words and its plain-language meaning.
Pitfall: quoting a numeric threshold as a diagnostic cutoff; no T score establishes or excludes a diagnosis.

4 – DSM-5 compatible subscales the two criterion domains
Do: report Social Communication and Interaction, then Restricted Interests and Repetitive Behavior, per rater.
Pitfall: interpreting from the five treatment subscales; the publisher says they are not for screening or diagnosis.

5 – Cross-informant integration interpret, never average
Do: flag an elevation from either informant; get added input when raters differ by more than 10 T points.
Pitfall: averaging raters or crowning one correct; divergence is setting information.

6 – Differential and specificity statement the sentence reviewers look for
Do: write "consistent with, but not specific to, autism," then name the contributors considered (ADHD, anxiety, language).
Pitfall: omitting it; the instrument's documented weakness is specificity, not sensitivity.

7 – Integration with direct measures observation, interview, history
Do: state convergence or divergence with the ADOS-2, ADI-R, and history, and interpret any gap.
Pitfall: explaining divergence away; an uncorroborated elevation is a finding, not an inconvenience.

8 – Summary and recommendations linkage dimensional, referral-focused
Do: answer the referral question, state what the scores do not establish, and date the re-rating plan.
Pitfall: recommendations that fit any profile, or a monitoring plan that ignores payer cadence.

Before you sign

- ☐ Edition, form, raters, and norm reference named
- ☐ Severity descriptors in words, consistent throughout
- ☐ Both informants reported; divergence interpreted
- ☐ Specificity sentence present, contributors named
- ☐ SRS-2 subordinated to the whole evaluation
- ☐ Recommendations trace to findings; re-rating dated

Drafting with AI

Paste your score summary: raters, forms, T scores, descriptors. Not the items, not the protocol.

"Draft an SRS-2 results section from this summary: parent Total T 78 severe, teacher Total T 66 moderate, both DSM-5 subscales elevated; autism referral; …"

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

150–400 words	**15–20 min**	**Ages 2.5+**	**Teams · payers**
SRS-2 section	per form	four forms	who reads it

SRS-2 Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): | Age: | Ratings completed:

Edition / norm reference: | Forms administered: | Referral question:

Measures, forms, and raters

Form per rater (Preschool, School-Age, Adult, Adult Self-Report); relationship and setting; dates; scoring method

Rating quality

Completeness; each rater's opportunity to observe; factors that could color ratings; how concerns were handled

Total score, per rater

T score with severity descriptor in words and plain-language meaning; no numeric cutoffs

DSM-5 compatible subscales

Social Communication and Interaction; Restricted Interests and Repetitive Behavior; treatment subscales for planning only

Cross-informant integration

Convergence; what divergence means (setting, perspective); added input if raters differ by more than 10 T points

Differential and specificity statement

Consistent with, not specific to, autism; contributors considered (attention, anxiety, language, behavior)

Integration with direct measures and history

Convergence or divergence with observation (ADOS-2), interview (ADI-R), records; interpret any gap

Interpretive summary and recommendations linkage

Referral question answered dimensionally; what scores do not establish; each recommendation tied to a finding

Re-rating plan (form, raters, timing): | Report due:

Evaluator signature / credentials: | Date signed:

Supervisor signature, where required: | Date: